


FORM LM-2 LABOR ORGANIZATION ANNUAL REPORT

**MUST BE USED BY LABOR ORGANIZATIONS WITH \$200,000 OR MORE IN
TOTAL ANNUAL RECEIPTS AND LABOR ORGANIZATIONS IN TRUSTEESHIP**

This report is mandatory under P.L. 86-257, as amended. Failure to comply may result in criminal prosecution, fines, or civil penalties as provided by 29 U.S.C. 439 or 440.

READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT.

For Official Use Only 		1. FILE NUMBER <u>021-915</u>	2. PERIOD COVERED MO DAY YEAR From <u>01 01 2000</u> Through <u>12 31 2000</u>	3. (a) AMENDED — If this is an amended report correcting a previously filed report, check here: (b) TERMINAL — If your organization ceased to exist and this is its terminal report, see Section XII of the instructions and check here: (c) SUBSIDIARY — If this is a report for a subsidiary organization of your union as defined in Section X of the instructions, check here:		
IMPORTANT Peel off the address label from the back of the package and place it here. If the label information is correct, leave Items 4 through 8 blank. If any of the label information is incorrect, complete Items 4 through 8.			8. MAILING ADDRESS (Type or print in capital letters.) First Name <u>WHITNEY</u> Last Name <u>BROWN</u> P.O. Box • Building and Room Number (if any) Number and Street <u>707 SUMMIT AVENUE</u> City <u>UNION CITY</u> State ZIP Code + 4 <u>NJ 07087-</u>			
4. AFFILIATION OR ORGANIZATION NAME <u>International Brotherhood of Teamsters/Local 560</u>						
5. DESIGNATION (Local, Lodge, etc.) <u>LOCAL</u>		6. DESIGNATION NUMBER <u>560</u>				
7. UNIT NAME (if any)						
9. Are your organization's records kept at its mailing address? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> (If "No," provide address in Item 75.)						
75. ADDITIONAL INFORMATION (If more space is needed, attach additional pages properly identified.) <table border="1"><tr><td>Item Number</td><td><u>See Attached Schedule</u></td></tr></table>					Item Number	<u>See Attached Schedule</u>
Item Number	<u>See Attached Schedule</u>					
Each of the undersigned, duly authorized officers of the above labor organization, declares, under the applicable penalties of law, that all of the information submitted in this report (including the information contained in any accompanying documents) has been examined by the signatory and is, to the best of the undersigned's knowledge and belief, true, correct, and complete. (See Section VI on penalties in the instructions.)						
76. SIGNED: <u>[Signature]</u> <u>3-129-1 00</u> <u>(201) 864-0051</u> Date Telephone Number		PRESIDENT (If other title, see instructions.)		77. SIGNED: <u>[Signature]</u> <u>3-129-1 0</u> <u>(201) 864-0051</u> Date Telephone Number		
		TREASURER (If other title, see instructions.)				

During the Reporting Period Did Your Organization:

- | | Yes | No |
|--|-------------------------------------|-------------------------------------|
| 10. Have a "subsidiary organization" as defined in Section X of the instructions? | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| 11. Create or participate in the administration of a trust or other fund or organization, as defined in the instructions, which provides benefits for members or their beneficiaries? | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| 12. Have a political action committee (PAC) fund? | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| 13. Acquire or dispose of any goods or property in any manner other than by purchase or sale? | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| 14. Have an audit or review of its books and records by an outside accountant or by a parent body auditor/representative? | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| 15. Discover any loss or shortage of funds or other property?
(Answer "Yes" even if there has been repayment or recovery.) | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| 16. Have any officer who was paid \$10,000 or more by your organization and also received \$10,000 or more as an officer or employee of another labor organization or of an employee benefit plan? | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| 17. Liquidate or reduce any liabilities without disbursement of cash? | <input type="checkbox"/> | <input checked="" type="checkbox"/> |

(If the answer to any of the above questions is "Yes," provide details in Item 75 on page 1 as explained in the instructions for each item.)

18. How many members did your organization have at the end of the reporting period? 5032
19. What is the date of your organization's next regular election of officers? MO 12 YEAR 2001
20. What is the maximum amount recoverable under your organization's fidelity bond for a loss caused by any officer or employee of your organization? \$ 323,147
21. What are your organization's rates of dues and fees?
(Enter a minimum and maximum if more than one rate applies for any line.)

Rates of Dues and Fees	
(a) Regular Dues/Fees	\$ 6 to \$ 74 per Month (Month, Year, etc.)
(b) Initiation Fees	\$ 100 to \$ 250
(c) Transfer Fees	\$ 50¢
(d) Work Permits	\$ None per (Month, Year, etc.)

- | | Yes | No |
|--|-------------------------------------|-------------------------------------|
| 22. During the reporting period, did your organization have any changes in its constitution and bylaws (other than rates of dues and fees) or in practices/procedures listed in the instructions?
(If the constitution and bylaws have changed, attach two new dated copies. If practices/procedures have changed, see the instructions.) | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| 23. Were any of your organization's assets pledged as security or encumbered in any other way at the end of the reporting period? | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| 24. Did your organization have any contingent liabilities at the end of the reporting period? | <input type="checkbox"/> | <input checked="" type="checkbox"/> |

(If the answer to Item 23 or 24 is "Yes," provide details in Item 75 on page 1.)

STATEMENT A — ASSETS AND LIABILITIES

FILE NUMBER: 021-915

Complete Schedules 1 Through 15 Before Completing Statement A

Enter Amounts in Dollars Only — Do Not Enter Cents

ASSETS	ASSETS	From	Start of Reporting	End of Reporting
	Item	SCH #	Period (A)	Period (B)
	25. Cash	1	134 313	58 918
	26. Accounts Receivable		0	0
	27. Loans Receivable		0	0
	28. U.S. Treasury Securities		498 065	741 803
	29. Investments	2	270 629	320 809
	30. Fixed Assets	5	192 945	241 078
	31. Other Assets	3	0	0
	32. TOTAL ASSETS		1 095 952	1 362 608
LIABILITIES	LIABILITIES	From	Start of Reporting	End of Reporting
	Item	SCH #	Period (C)	Period (D)
	33. Accounts Payable	8	0	0
	34. Loans Payable		102 729	122 583
	35. Mortgages Payable		0	0
	36. Other Liabilities	4	2355	1920
37. TOTAL LIABILITIES		105 084	124 503	
	38. NET ASSETS (Item 32 less Item 37)		990 868	1238 105

STATEMENT B — RECEIPTS AND DISBURSEMENTS

FILE NUMBER: 021-915

Complete Schedules 1 Through 15 Before Completing Statement B

Enter Amounts in Dollars Only — Do Not Enter Cents

CASH RECEIPTS	From SCH #	AMOUNT	CASH DISBURSEMENTS	From SCH #	AMOUNT
Item			Item		
39. Dues		1791821	56. To Officers	9	375147
40. Per Capita Tax		0	57. To Employees	10	177631
41. Fees		115885	58. Per Capita Tax		317698
42. Fines		176	59. Fees, Fines, Assessments, etc.		0
43. Assessments		0	60. Office & Administrative Expense	13	157005
44. Work Permits		0	61. Educational & Publicity Expense ...		325
45. Sale of Supplies		15092	62. Professional Fees		138342
46. Interest		31076	63. Benefits	11	289630
47. Dividends		0	64. Contributions, Gifts & Grants	12	12377
48. Rents		0	65. Supplies for Resale		26447
49. Sale of Investments & Fixed Assets	6	0	66. Direct Taxes		62715
50. Loans Obtained	8	91323	67. Withholding Taxes		201763
51. Repayments of Loans Made	1	0	68. Purchase of Investments & Fixed Assets	7	351158
52. On Behalf of Affiliates for Transmittal to Them		0	69. Loans Made	1	0
53. From Members for Disbursement on Their Behalf		269	70. Repayment of Loans Obtained	8	71469
54. Other Receipts	14	211039	71. To Affiliates of Funds Collected on Their Behalf		0
			72. On Behalf of Individual Members ...		38
			73. Other Disbursements	15	150331
55. TOTAL RECEIPTS		2256681	74. TOTAL DISBURSEMENTS		2332076

If more space is needed to complete Schedules 1 through 8 or 11 through 15, continue on additional pages, using the same column headings used on the schedule, and enter the totals on the line provided for additional pages in each schedule. For Schedules 9 and 10, use the continuation pages provided.

FILE NUMBER: 021-915

Enter Amounts in Dollars Only — Do Not Enter Cents

SCHEDULE 1 — LOANS RECEIVABLE

List below loans to officers, employees, or members which at any time during the reporting period exceeded \$250 and list all loans to business enterprises regardless of amount. (A)	Loans Outstanding at Start of Period (B)	Loans Made During Period (C)	Repayments Received During Period		Loans Outstanding at End of Period (E)
			Cash (D)(1)	Other Than Cash (D)(2)	
1. Name: _____ Purpose: _____ Security: _____ Terms of Repayment: _____					
2. Name: _____ Purpose: _____ Security: _____ Terms of Repayment: _____					
3. Name: _____ Purpose: _____ Security: _____ Terms of Repayment: _____					
4. Totals from additional pages (if any)					
5. Totals of loans not listed above					
6. Totals of Lines 1 through 5	0	0	0	0	0
Enter the Totals from Line 6 in ↑ Item 27 ↑ Item 69 ↑ Item 51 ↑ Item 75 ↑ Item 27 <div style="display: flex; justify-content: space-between; width: 100%;"> Column (A) with Explanation Column (B) </div>					

SCHEDULE 2 — INVESTMENTS (OTHER THAN U.S. TREASURY SECURITIES)

Description (A)	Amount (B)
Marketable Securities	
1. Total Cost	0
2. Total Book Value	0
3. List each marketable security which has a book value over \$1,000 and exceeds 20% of Line 2.	
(a) _____	
(b) _____	
(c) _____	
(d) _____	
Other Investments	
4. Total Cost	320,809
5. Total Book Value	320,809
6. List each other investment which has a book value over \$1,000 and exceeds 20% of Line 5. Also list each subsidiary for which separate reports are attached.	
(a) <i>Equity in Local 560 Bldg. Corp.</i>	320,809
(b) _____	
(c) _____	
(d) _____	
(e) Total from additional pages (if any)	
7. Total of Lines 2 and 5	320,809
Enter the Total from Line 7 in Item 29, Column (B)	

FILE NUMBER: 021-915

SCHEDULE 3 — OTHER ASSETS

Description (A)	Book Value (B)
1.	
2.	
3.	
4.	
5.	
6. Total from additional pages (if any)	
7. Total of Lines 1 through 6	0
Enter the Total from Line 7 in Item 31, Column (B)	

SCHEDULE 4 — OTHER LIABILITIES

Description (A)	Amount at End of Period (B)
1. <i>Payroll Taxes Payable</i>	1,920
2.	
3.	
4.	
5.	
6. Total from additional pages (if any)	
7. Total of Lines 1 through 6	1,920
Enter the Total from Line 7 in Item 36, Column (D)	

SCHEDULE 5 — FIXED ASSETS

FILE NUMBER: 021-915

Description (A)	Cost or Other Basis (B)	Total Depreciation or Amount Expensed (C)	Book Value (D)	Fair Market Value (E)
1. Land (give location):				
2. Totals from additional pages (if any)				
3. Buildings (give location):				
4. Totals from additional pages (if any)				
5. Automobiles and Other Vehicles	255,388	48,152	207,236	
6. Office Furniture and Equipment	188,144	154,302	33,842	
7. Other Fixed Assets				
8. Totals of Lines 1 through 7	443,532	202,454	241,078	
Enter the Total from Line 8, Column (D) in Item 30, Column (B)				

SCHEDULE 6 — SALE OF INVESTMENTS AND FIXED ASSETS

Description (if land or buildings, give location) (A)	Cost (B)	Book Value (C)	Gross Sales Price (D)	Amount Received (E)
1. U.S. TREASURY BILLS	1,193,137	1,193,137	1,193,137	1,193,137
2. Automobiles - Trade INS	129,274	65,948	51,000	51,000
3.				
4.				
5. Totals from additional pages (if any)				
6. Totals of Lines 1 through 5	1,322,411	1,259,085	1,244,137	1,244,137
		7. Less Reinvestments		1,244,137
		8. Net Sales		0
Enter the Total from Line 8 in Item 49				

SCHEDULE 7 — PURCHASE OF INVESTMENTS AND FIXED ASSETS

FILE NUMBER: 021-915

Description (if land or buildings, give location) (A)	Cost (B)	Book Value (C)	Cash Paid (D)
1. Furniture and Equipment	22,850	22,850	22,850
2. U.S. Government Securities	1,430,122	1,430,122	1,430,122
3. Automobiles	142,323	142,323	142,323
4.			
5. Totals from additional pages (if any)			
6. Totals of Lines 1 through 5	1,595,295	1,595,295	1,595,295
			7. Less Reinvestments
			1,244,137
			8. Net Purchases
			351,158
Enter the Total from Line 8 in			Item 68

SCHEDULE 8 — LOANS PAYABLE

Source of Loans Payable at Any Time During the Reporting Period (A)	Loans Owed at Start of Period (B)	Loans Obtained During Period (C)	Repayment Made During Period		Loans Owed at End of Period (E)
			Cash (D)(1)	Other Than Cash (D)(2)	
1. The Trust Company of NJ	25,744	0	13,130	0	12,614
2. The Trust Company of NJ	27,334	0	13,941	0	13,393
3. The Trust Company of NJ	25,233	0	12,870	0	12,363
4. The Trust Company of NJ	24,418	0	12,454	0	11,964
5. Totals from additional pages (if any)	0	91,323	19,074	0	72,249
6. Totals of Lines 1 through 5	102,729	91,323	71,469	0	122,583
Enter the Totals from Line 6 in					
Item 34 Column (C)		Item 50	Item 70	Item 75 with Explanation	Item 34 Column (D)

SCHEDULE 9 — ALL OFFICERS AND DISBURSEMENTS TO OFFICERS

FILE NUMBER: 021-915

(A) Name <small>(List all persons who held office during the reporting period even if they received no salary or other disbursements. Use all capital letters.)</small>			Gross Salary (before taxes and other deductions) (D)	Allowances (E)	Disbursements for Official Business (F)	Other Disbursements (G)	Total (H)	
(B) Title <small>(Enter title of officer, such as PRESIDENT or TREASURER.)</small>	Status (C)*							
1. BROWN Title PRESIDENT	WHITNEY Status C		70967	0	7701	0	78668	
2. MCGINLEY Title VICE PRESIDENT	THOMAS Status C		65611	0	7406	0	73017	
3. SOEHL Title VICE PRESIDENT	ERNIE Status P		25235	0	1940	0	27175	
4. BARTOLOMEO Title SECRETARY TREAS	JAMES Status C		68289	0	7893	0	76182	
5. SCOTT Title RECORDING SEC	GORDON Status C		65611	0	5485	0	71096	
6. ARSI Title TRUSTEE	MIKE Status C		65611	0	6223	0	71834	
7. HUXFORD Title TRUSTEE	JAMES Status C		65611	0	6019	0	71630	
8. Totals from additional pages (if any)			63,809	0	6,330		70,139	
9. Totals of Lines 1 through 8			490,744	0	48,997		539,741	
					10. Less Deductions			164,594
Enter the Total from Line 11 in Item 56 ➡					11. Net Disbursements			375,147

*Code for Status (C): past officer — P; continuing officer — C; new officer during the reporting period — N.

(If any officer was not elected at a regular election in accordance with your organization's constitution and bylaws, explain in Item 75 on page 1.)

SCHEDULE 10 — DISBURSEMENTS TO EMPLOYEES

FILE NUMBER: 021-915

(A) Name <small>(List all employees who received more than \$10,000 in total disbursements from your organization and any affiliates. Use all capital letters.)</small>	Gross Salary (before taxes and other deductions) (D)	Allowances (E)	Disbursements for Official Business (F)	Other Disbursements (G)	Total (H)
(B) Position <small>(Enter employee's job title.)</small>					
(C) Name of Affiliated Organization <small>(if applicable)</small>					
1. Last Name: RUSSO First Name: MARIA Position: CLERICAL Name of Affiliated Organization:	40,170	0	139	0	40,309
2. Last Name: JULIANO First Name: JOANNE Position: CLERICAL Name of Affiliated Organization:	49,056	0	538	0	49,594
3. Last Name: ORLANDO First Name: RAYMOND Position: BUSINESS AGENT Name of Affiliated Organization:	43,054	0	5351	0	48,405
4. Last Name: VALDNER First Name: ANTHONY Position: BUSINESS AGENT Name of Affiliated Organization:	38,069	0	4858	0	42,927
5. Last Name: HOLLOWAY First Name: PATRICI Position: CLERICAL Name of Affiliated Organization:	34,191	0	19	0	34,210
6. Totals from additional pages (if any)	0	0	0	0	0
7. Totals for all employees who, during the reporting period, received \$10,000 or less in total disbursements from your organization and any affiliates	21,212	0	54	0	21,266
8. Totals of Lines 1 through 7	225,752	0	10,959	0	236,711
9. Less Deductions			59,080		
Enter the Total from Line 10 in..... Item 57 ➡			10. Net Disbursements 177,631		

SCHEDULE 11 — BENEFITS

FILE NUMBER: 021-915

Description (A)	To Whom Paid (B)	Amount (C)
1. WELFARE	Trucking Employees of North Jersey	105,613
2. PENSION	Trucking Employees of North Jersey	97,984
3. PENSION	Joint Council No. 73 Pension Fund	63,579
4. ANNUITY	Trucking Employees of North Jersey	22,454
5. Total from additional pages (if any)		
6. Total of Lines 1 through 5		289,630

Enter the Total from Line 6 Item 63

SCHEDULE 12 — CONTRIBUTIONS, GIFTS & GRANTS

Description (A)	Amount (B)
1. Local Charities	2,027
2. Labor Organizations	1,950
3. Educational	3,400
4. I.B.T. Overnight Strike Fund	5,000
5.	
6.	
7. Total from additional pages (if any)	
8. Total of Lines 1 through 7	12,377

Enter the Total from Line 8 in Item 64

SCHEDULE 13 — OFFICE & ADMINISTRATIVE EXPENSE

Description (A)	Amount (B)
1. Supplies and Printing	10,544
2. Postage	16,274
3. Telephone & Beepers	37,944
4. Equipment Maintenance	2,365
5. Insurance	1,078
6. Surety Bond Premiums	1,741
7. Total from additional pages (if any)	87,059
8. Total of Lines 1 through 7	157,005

Enter the Total from Line 8 in Item 60

**SCHEDULE 14 —
OTHER RECEIPTS**

Description (A)	Amount (B)
1. Collection-Returned Checks	50
2. Receipts From Affiliates	20,427
3. Refund-Bank Charges	178
4. Refund-Benefits	408
5. Refund-Legal Fees	64,803
6. Refund-Jury Duty	5
7. Refund-Insurance Premiums	2,687
8. Refund-Fines	322
9. Refund-Meeting+Comm.	7,363
10. Jamesway Settlement	8,091
11. Refund-Payroll Taxes	658
12. Refund-Repairs & MAINT	710
13. Refund-Auto Expenses	45
14. Refund-Postage	62
15. Alliant Shutdown Settlement	105,200
16. Total from additional pages (if any)	30
17. Total of Lines 1 through 16	211,039
Enter the Total from Line 17 in Item 54	

**SCHEDULE 15 —
OTHER DISBURSEMENTS**

Description (A)	Amount (B)
1. Payroll Deductions	21,912
2. Refund-Dues	3,600
3. Refund-Initiations	1,582
4. Organizing Expenses	328
5. Meeting+Committee	16,067
6. Collection-Returned Checks	2,377
7. Automobile Expenses	44,018
8. Out of Town Travel	31,555
9. Employee Reimbursed Exp.	13,202
10. Overpayment of Checkoffs	1,495
11. Refund-Fines	322
12. Christmas Expense	2,491
13. Less: Schedule 9+10 Column F	(59,956)
14. Union Buttons, Decals, Portfolios	4,994
15. Local 617 Expenses	8,102
16. Total from additional pages (if any)	58,242
17. Total of Lines 1 through 16	150,331
Enter the Total from Line 17 in Item 73	

ORGANIZATION NAME: International Brotherhood of Teamsters Local 560

ENDING DATE OF PERIOD COVERED: December 31, 2000

FILE NUMBER: 021-915

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SCHEDULE 9 — ALL OFFICERS AND DISBURSEMENTS TO OFFICERS (continued)

(A) Name <small>(List all persons who held office during the reporting period even if they received no salary or other disbursements. Use all capital letters.)</small>		Gross Salary (before taxes and other deductions) (D)	Allowances (E)	Disbursements for Official Business (F)	Other Disbursements (G)	Total (H)
(B) Title <small>(Enter title of officer, such as PRESIDENT or TREASURER.)</small>	Status (C)					
Last Name: BOHAN First Name: KEN Title: TRUSTEE Status: N		63809	0	6330	0	70139
Last Name: _____ First Name: _____ Title: _____ Status: _____						
Last Name: _____ First Name: _____ Title: _____ Status: _____						
Last Name: _____ First Name: _____ Title: _____ Status: _____						
Last Name: _____ First Name: _____ Title: _____ Status: _____						
Last Name: _____ First Name: _____ Title: _____ Status: _____						
Last Name: _____ First Name: _____ Title: _____ Status: _____						
Totals		63,809	0	6,330	0	70,139

ORGANIZATION NAME: _____

ENDING DATE OF PERIOD COVERED: _____

FILE NUMBER: _____

PAGE ____ OF ____ ADDITIONAL PAGES

SCHEDULE 9 — ALL OFFICERS AND DISBURSEMENTS TO OFFICERS *(continued)*

(A) Name <small>(List all persons who held office during the reporting period even if they received no salary or other disbursements. Use all capital letters.)</small>		Gross Salary (before taxes and other deductions) (D)	Allowances (E)	Disbursements for Official Business (F)	Other Disbursements (G)	Total (H)
(B) Title <small>(Enter title of officer, such as PRESIDENT or TREASURER.)</small>	Status (C)					
Last Name _____ First Name _____	Title _____ Status _____					
Last Name _____ First Name _____	Title _____ Status _____					
Last Name _____ First Name _____	Title _____ Status _____					
Last Name _____ First Name _____	Title _____ Status _____					
Last Name _____ First Name _____	Title _____ Status _____					
Last Name _____ First Name _____	Title _____ Status _____					
Last Name _____ First Name _____	Title _____ Status _____					
Last Name _____ First Name _____	Title _____ Status _____					
Totals						

Continuation of LM-2 Labor Organization Annual Report

International Brotherhood of Teamsters Local 560
Affiliation or Organization Name

0 2 1 9 1 5
File Number

Local 560
Designation/Number

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Ending Period

75. Additional Information

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Subsidiary Organization :

Local 560 Building Corporation
707 Summit Avenue
Union City, N.J. 07087

Purpose : To own and operate the building in which the Union is located.

The information concerning the financial condition and operations of the subsidiary organization is contained in a separate Form LM-2 which has been attached.

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Trucking Employees of North Jersey Welfare Fund, Inc. - Welfare Fund
Trucking Employees of North Jersey Welfare Fund, Inc. - Pension Fund
Teamsters Industrial Employees Welfare Fund, Inc. - Welfare Fund
Teamsters Industrial Employees Pension Fund, Inc. - Pension Fund
707 Summit Avenue
Union City, New Jersey

Joint Council No. 73 Pension Fund
2414 Morris Avenue
Union, New Jersey

Teamster Affiliated Pension Fund
Washington, D.C.

13

The Local transferred \$38,000 to the subsidiary organization, Local 560 Building Corporation, during the year ended December 31, 2000 for its expenses. The Union's investment in Local 560 Building Corporation has been increased by \$12,180, representing the Union's equity in the Building Corporation's net income for the year ended December 31, 2000.

Five automobiles with a combined carrying value of \$65,948 were traded in as a down payment on five new vehicles. The trade in allowances on the five automobiles amounted to \$51,000.

Computer equipment with a combined carrying value of \$3,735 was disposed of by the Union.

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Continuation of LM-2 Labor Organization Annual Report

International Brotherhood of Teamsters Local 560
Affiliation or Organization Name

0 2 1 9 1 5
File Number

Local 560
Designation/Number

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Ending Period

75. Additional Information

- 14 An audit was performed by independent auditors Ennis, Cavuoto and Company for the year ended December 31, 2000.
- 23 Vehicles are security for automobile loans.
- 28 In accordance with Statement of Financial Accounting Standards Number 124 the amount reported on line 28(B) , "End of Reporting Period", represents the market value of U.S. Treasury Securities.
- 56 Officers' and employees automobiles were used part of the time for personal business.

Merger

Effective March 24, 2000, the General Executive Board of the International Brotherhood of Teamsters (IBT) approved the merger of Teamsters Local Union No. 617 into five other Local Unions affiliated with the IBT, including Local 560. As such, the members of Teamsters Local No. 617 were transferred to the surviving Local Unions. In addition, any remaining assets and liabilities of the Union were to be divided among the surviving Local Unions in proportion to the number of members transferred.

Teamsters Local Union No. 617 began to liquidate its assets and liabilities shortly after the date of the merger. In order to satisfy its remaining obligations, Local Union No. 617 requested a total of \$19,500 from the surviving Local Unions. Local Union No. 560's share of that amount was \$8,102 and is included in Schedule 15 Other Disbursements. Subsequently, Local Union No. 617 distributed its remaining cash balance to the surviving Local Unions. Local Union No. 560's portion of that distribution amounted to \$30 and is included in Schedule 14 Other Receipts.

Continuation of LM-2 Labor Organization Annual Report

International Brotherhood of Teamsters Local 560
Affiliation or Organization Name

0 2 1 9 1 5
File Number

Local 560
Designation/Number

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Ending Period

Schedule 8 – Loans Payable

Source of Loans Payable at Any Time During the Reporting Period (A)	Loans Owed at Start of Period (B)	Loans Obtained During Period (C)	Repayment Made During Period		Loans Owed at End of Period (E)
			Cash (D)(1)	Other Than Cash (D)(2)	
The Trust Company of New Jersey	0	16,887	3,709		13,178
The Trust Company of New Jersey	0	19,537	4,290		15,247
The Trust Company of New Jersey	0	19,006	4,174		14,832
The Trust Company of New Jersey	0	18,158	3,491		14,667
The Trust Company of New Jersey	0	17,735	3,410		14,325

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Schedule 13 — Office & Administrative Expense

Description (A)	Amount (B)
Petty Cash Replenishment	908
Equipment Rentals	23,813
Bank Charges	1,093
Dues and Subscriptions	885
Rent	60,360

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Schedule 14 — Other Receipts

Description (A)	Amount (B)
Local 617 Final Distribution	30

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Schedule 15 — Other Disbursements

Description (A)	Amount (B)
Election Expenses	313
Publishing - Local 560 Newspaper	62
Stewards Expenses	389
Interest Expense	4,368
Transfers to Subsidiary	38,000
Flowers, Cards, Bibles	1,968
Member Medical Tests	142
Nationsway NLRB Settlement	13,000

